Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration

BOARD OF VETERINARY MEDICINE
NEW LICENSE APPLICATION FOR VETERINARIANS (VET)

Please read instructions at the beginning of each section as you complete this form. See Section 9 for special instructions specific to your license. If you have any questions, call HPLA's **toll-free** Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174. ***A Charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)*** **Please Note: Please refer to application instructions before completing this form.**

SECTION 1A. LICENSURE TYPE & FEES

Please check one: ☐ **VET**

☐ **E- Veterinarian by Examination**	**$215.00**
☐ **R- Veterinarian by Re-exam**	**$85.00**
☐ **END- Veterinarian by Endorsement**	**$195.00**
☐ **Duplicate licenses (limit 5)_____x $34.00**	**$___.00**
Total Enclosed	**$___.00**

CRIMINAL BACKGROUND CHECK: For payment and to schedule an appointment (Call 1-877-783-4187 or www.L1enrollment.com)
ALL APPLICANTS ARE REQUIRED TO UNDERGO A CRIMINAL BACKGROUND CHECK EFFECTIVE JULY 1, 2014.

Make check or money order payable to DC Treasurer.

Mail to:

HRLA1
P.O. Box 37801
Washington, D.C. 20013
Phone:1-877-672-2174

A charge of $65.00 will be imposed for dishonored checks (Public Law 89-208)

****LICENSURE EXPIRATION:** All licenses **expire December 31st** of odd numbered years****

SECTION 2A. LICENSEE INFORMATION- Carefully review all demographic information in this section. Please make all name, SSN, and birth date corrections in Section 2A on Page 1.

Note: LEGAL NAME: ***(Do not use any initials unless they are part of your name)***

_____	_____	_____	_____
FIRST NAME	**MI**	**LAST NAME**	**(SUFFIX: Jr., Sr. etc.)**

___/___/___	_____	_____	_____-_____-_____
Date of Birth	**Place of Birth: State/Providence/Territory**	**Country if not USA**	**Social Security Number**

TITLE: ☐ **DVM** ☐ **VMD** **LICENSE NUMBER:**_____ **GENDER:** ☐ **MALE** ☐ **FEMALE**

***All Applicants must provide a Social Security Number. IF you are a foreign graduate and do not have a SSN or are waiting for one to be issued, you must complete the SSN affidavit form and submit it with your application. Your license will not be approved without a valid SSN. You can download the affidavit form by printing a copy at www.doh.dc.gov.**

SECTION 2B. OTHER NAMES USED: (Please print clearly)

If your name has changed at any point since your last renewal cycle, you must provide a copy of a legal name change documents for EACH tie that it has changed. Acceptable documents for individuals are marriage certificates, divorce decrees, or court orders.
Changed to current name by: ☐ ***Marriage*** ☐ ***Divorce*** ☐ ***Court Order***

_____	_____	_____	_____
FIRST NAME	**MI**	**LAST NAME**	**(SUFFIX: Jr., Sr. etc.)**
_____	_____	_____	_____
FIRST NAME	**MI**	**LAST NAME**	**(SUFFIX: Jr., Sr. etc.)**
_____	_____	_____	_____
FIRST NAME	**MI**	**LAST NAME**	**(SUFFIX: Jr., Sr. etc.)**

SECTION 2C. RACE & ETHNICITY DESIGNATION: (Optional)

- ☐ American Indian/Alaskan Native
- ☐ Asian/South Asian
- ☐ Black/African American
- ☐ Caucasian/White
- ☐ Hispanic or Latino
- ☐ Other _____
- ☐ Native Hawaiian or other Pacific Islander

LANGUAGE(S) SPOKEN:

Language(s) spoken other than English:

_____

_____

_____

SECTION 3A. PREFERRED MAILING ADDRESS

Note: A P.O. BOX MAY NOT BE USED FOR AN ADDRESS. PLEASE PROVIDE A STREET ADDRESS.

Indicate your preferred mailing address by placing an "X" in the appropriate box. This will be the address to which all future licensing documents will be mailed.

☐ **HOME ADDRESS** ☐ **BUSINESS ADDRESS**

SECTION 3B. HOME ADDRESS

THIS INFORMATION WILL NOT BE MADE AVAILABLE TO THE PUBLIC.

HOME ADDRESS:_____
(Street Number and Street Name) (City) (State/Province/Territory)
(Zip Code)

APARTMENT #_____ **HOME PHONE NUMBER: (**_____**)** _____ **-** _____ **HOME FAX: (**_____**)** _____ **-** _____

EMAIL ADDRESS: _____ **(REQUIRED)**

You are statutorily required to notify the DC Board of Veterinary Medicine in writing of an address change within 30 days. Failure to do may result in your not receiving your license, renewal notice or other official notices and can result in a disciplinary action or a fine.

SECTION 3C. BUSINESS ADDRESS:

THIS INFORMATION WILL BE MADE AVAILABLE TO THE PUBLIC.

BUSINESS NAME:_____

BUSINESS ADDRESS:_____
(Street Number and Street Name) (City) (State/Province/Territory)
(Zip Code)

☐ **SUITE #**_____ ☐ **FLOOR#**_____

BUSINESS PHONE NUMBER: (_____**)** _____ **-** _____ **BUSINESS FAX: (**_____**)** _____ **-** _____

EMAIL ADDRESS: _____

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SECTION 4A. PROFESSIONAL SCHOOLS ATTENDED

List all schools that you have attended in reverse chronological order, beginning with the most recent at the top. Have the school forward transcripts to you in a sealed envelope for submission with the application.

School Name, City, State, County	Number of Hours Completed	Date of Graduation	Type of Degree/Certificate

SECTION 4B. POSTGRADUATE WORK EXPERIENCE

List all experience since graduation from college, university and professional schools, in reverse chronological order, beginning with the most recent.

Organizational Experience	Start Date	End Date	Description (Use Key Below)

*** TYPE OF POSITION KEY**

A. Employment
B. Private Practice
C. Clinical Rotations Practicum
D. Instructor / Supervisor
E. Internship
F. Other **(Attach a typed explanation on a separate sheet of paper to this form.)**

SECTION 4C. PROFESSIONAL LICENSES IN OTHER STATES/JURISDICTIONS

List all states and jurisdictions in which you have ever held a license. Provide letters of verification from all jurisdictions if they are active, inactive or expired.

Jurisdiction	Date License was First Obtained	License Number

IMPORTANT CONTACT INFORMATION

DC Department of Health Professional Licensing Administration
Board of Veterinary Medicine
899 North Capitol Street NE, 1st Floor
Washington, D.C. 20002

Check Application Status: www.hpla.doh.dc.gov
HRLA Customer Service: 1-877-672-2174/ www.doh.dc.gov
Criminal Background Check (CBC) Division Email: cbcu.dc.gov

SECTION 5A. REQUIRED SCREENING QUESTIONS– Applicants MUST answer all of the following questions.

Please answer questions A through H by placing an "X" in the appropriate boxes. If you answer "Yes" to questions A through G below, you must provide full information and complete details **on a separate sheet of paper, including copies of relevant court documents,** and attach to this form**.**

		Yes	No
A.	**Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement.** Please read the information below carefully before responding to this yes or no question, as any false information provided requires that the Department of Health proceed immediately to revoke your License or Permit for which you are now applying, and fine you one thousand dollars ($1,000.00), pursuant to D.C. Official Code § 47-2864 (2001). **PLEASE NOTE: Pursuant to D.C. Official Code §47-2862(a) (FY 2007 Budget Support Support Act of 2006) you cannot be issued a license if you have failed to file your District tax returns.** **IF YOU ANSWER "YES" TO THIS QUESTION, PLEASE SUBMIT PROOF OF THE ARRANGEMENTS YOU HAVE MADE TO PAY THE OUTSTANDING DEBT. IF YOU DO NOT HAVE AN APPROVED PAYMENT SCHEDULE TO PAY THE AMOUNT YOU OWE OR IF NO APPEAL IS PENDING, THE LAW REQUIRES THAT YOUR APPLICATION BE DENIED.** As of this date, do you owe more than one hundred dollars ($100.00) to the District of Columbia Government as a result of any of the following: 1. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 8, Chapter 8 (Litter Control Administrative Act of 1985); 2. Fines or interest assessed pursuant to D.C. Official Code Title 8, Chapter 9 (Illegal Dumping Enforcement Act of 1994); 3. Fines, penalties, or interest assessed pursuant to D.C. Official Code Title 2, Chapter 18 (Civil Infractions Act of 1985); 4. Past due taxes; 5. Past due District of Columbia Water and Sewer Authority service fees; or 6. Fines or penalties assessed pursuant to D.C. Official Code Title 50, Chapter 23 (Traffic Adjudication)? **The information presented above is in compliance with the requirement to submit with your application for licensure or permit under the *Clean Hands Before Receiving a License or Permit Act of 1996*, effective May 11, 1996 (D.C. Law 11-118, D.C. Code §47-2861 et seq.)**	☐	☐
B.	Have you been convicted or arrested for a crime or misdemeanor (other than minor traffic violations) not previously reported to the Board?	☐	☐
C.	Please answer with respect to DC or any other jurisdiction/state: 1) Have you withdrawn an application (in D.C. or any other state/jurisdiction) to practice your profession or voluntarily surrendered a license after formal changes have been filed against you or while under investigation? 2) Has any authority or peer review board taken adverse action against your license or privileges or informed you of any pending charges not previously reported to the Board? 3) Have you been or are you currently under investigation by any authority or peer review board for any violation of state, federal, or local law? 4) Has any authority or peer review board informed you of any pending charges(s) or investigation not previously reported to this Board? 5) Have you voluntarily surrendered your license? 6) Have you ever surrendered your clinical privileges or had your clinical privileges denied, revoked or	☐	☐

	suspended at any animal facility?	
D.	Do you have a physical or mental condition that currently impairs your ability to practice your profession?	**Yes** ☐ **No** ☐
E.	Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice your profession? have you been diagnosed or treated for substance abuse?	**Yes** ☐ **No** ☐
F.	Have you been involved in a malpractice suit or had a malpractice suit brought against you? If yes, provide date of incident, allegation, and disposition of case.	**Yes** ☐ **No** ☐
G.	Have you ever been terminated from or resigned from employment or a clinical or professional training program due to a practice issue?	**Yes** ☐ **No** ☐
H.	Do you currently practice your profession in the District of Columbia?	**Yes** ☐ **No** ☐

SECTION 5B. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the best of my knowledge. I understand that the making of a false statement on this application, including all writings and exhibits attached hereto, is punishable by criminal penalties.

_____ _____ _____

LICENSEE SIGNATURE ***PRINT NAME*** ***DATE***